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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/356,260	07/16/1999	ALFONS EIZENHOEFER	7-2-1	7579
7	590 03/06/2002			
LUCENT TECHNOLOGIES INC 600 MOUNTAIN AVENUE P O BOX 636			EXAMINER THANGAVELU, KANDASAMY	
MURRAY HII	LL, NJ 079740636		ART UNIT	PAPER NUMBER
			2123	
			DATE MAILED: 03/06/2002	

Please find below and/or attached an Office communication concerning this application or proceeding.

	Application No.	Applicant(s)	
Inda a sieve Common and	09/356,260	EIZENHOEFER ET AL.	
Interview Summary	Examiner	Art Unit	<del> </del>
	Kandasamy Thangavelu	2123	
All participants (applicant, applicant's representative,	, PTO personnel):		
(1) <u>Kandasamy Thangavelu</u> .	(3)		
(2) <u>Richard Botos</u> .	(4)		
Date of Interview: 28 February 2002.			
Type: a)⊠ Telephonic b)☐ Video Conferenc c)☐ Personal [copy given to: 1)☐ applica		tative]	
Exhibit shown or demonstration conducted: d) Y If Yes, brief description:	es e)⊠ No.		
Claim(s) discussed:			
Identification of prior art discussed:			
Agreement with respect to the claims f)  was read	ched. g) was not reached.	h) N/A.	
Substance of Interview including description of the greached, or any other comments: <u>The attorney has in the action of the great action of the gr</u>			was
(A fuller description, if necessary, and a copy of the a allowable, if available, must be attached. Also, wher allowable is available, a summary thereof must be at	e no copy of the amendments the		
<ul> <li>i) It is not necessary for applicant to provide checked).</li> </ul>	de a separate record of the subs	tance of the interviev	v(if box is
Unless the paragraph above has been checked, THE MUST INCLUDE THE SUBSTANCE OF THE INTER action has already been filed, APPLICANT IS GIVEN STATEMENT OF THE SUBSTANCE OF THE INTER reverse side or on attached sheet.	RVIEW. (See MPEP Section 713 NONE MONTH FROM THIS IN	3.04). If a reply to the FERVIEW DATE TO	e last Offic FILE A

Examiner Note: You must sign this form unless it is an

Attachment to a signed Office action.

Examiner's signature, if required